

Form R
File by

2021 DOVER CITY INCOME TAX RETURN 2021
 THIS RETURN MUST BE FILED BY EVERYONE REQUIRED TO SUBMIT A DECLARATION OF ESTIMATED TAX EVEN THOUGH DECLARATION WAS ACCURATE AND PAID IN FULL.

Fiscal Years Fill in Dates
Beginning _____
Ending _____
And File Within 4 Months of Ending Date

OCCUPATION OR PRINCIPAL BUSINESS ACTIVITY Yes No

INDICATE WHETHER: SOLE PROPRIETORSHIP EMPLOYEE OTHER ARE YOU A RESIDENT? Yes No

ACCOUNT NUMBER: _____ ACCOUNT TYPE: _____ SSN: 164-81-9140
 Date moved in: _____ Spouse SSN: _____
 Date moved out: _____

HAS INTERNAL REVENUE SERVICE INCREASED YOUR INCOME TAX LIABILITY FOR ANY PRIOR YEAR? Yes No
 IF SO, HAS AN AMENDED INCOME TAX RETURN BEEN FILED? Yes No
 YOUR LOCAL PHONE NUMBER (832) 292-5257

VENKATA VAMSI KRISHN THOTTEMPUDI
719 STERLING AVENUE APT C4
DOVER OH 44622

Your Name, Address and Social Security Number/Federal ID Number Are Printed Above As They Appear On Our Records. Make Corrections Where Necessary. Add Social Security Number/Federal ID Number If Missing. Attach Copy of Federal Return And Schedules in Lieu of Page 2 Schedules C, E, and H. Otherwise, Returns Will Be Questioned if all lines Applicable to Taxpayer Are Not Completed.

This Space For Tax Office Use Only

Enter Employer's Name, Where Employed, And 2021 Gross Wages, Salaries, Bonuses, Commissions, Tips, Etc. Attach Copy Of W-2 Form(s)

Employer's Name (Attach Copy of W-2 Form(s))	City Where Employed	City Tax Withheld	Wages, Etc
SRI TECHNOLOGIES INC		421	28090
INFIICS INC		710	48133

INCOME

1 a TOTALS (if above is fully taxable and your only income, go next to Line 7) 1131 76223

2 OTHER INCOME: FROM PAGE 2

3 TOTAL INCOME (TOTAL OF LINES 1 AND 2 OR PER FEDERAL RETURN ATTACHED) 76223

ADJUSTMENTS TO INCOME

4 a ITEMS NOT DEDUCTIBLE (FROM LINE G SCHEDULE X) ADD _____

b ITEMS NOT TAXABLE (FROM LINE L SCHEDULE X) DEDUCT _____

c DIFFERENCE BETWEEN LINES 4a and b TO BE ADDED TO OR SUBTRACTED FROM LINE 3. (+ OR -)

5 a ADJUSTED NET INCOME (Line 3 plus or minus Line 4c if Schedule X is used) 76223

b Amount of Line 5a Allocable (_____ % from step 5 Schedule Y)

c LESS ALLOCABLE NET LOSS PER PREVIOUS INCOME TAX RETURNS (Submit Schedule)

TAX

6 AMOUNT SUBJECT TO DOVER CITY INCOME TAX (Line 5a OR 5b LESS LINE 5c) 76223

7 DOVER CITY TAX RATE 1.500% 1143

8 CREDITS: a Tax withheld by employer(s) as shown on line 1a above 1131

b Payments and credits on 2022 Declaration of Estimated Tax

c Earned income (Resident individuals only) taxes paid City of _____

TOTAL CREDITS ALLOWABLE 1131

9 BALANCE OF TAX DUE (Line 7 Less Line 8) Make Remittance Payable to City and Attach When Filing 12

10 OVERPAYMENT CLAIMED (If Line 8 Exceeds Line 7, Enter Difference in Box at Right)

Enter Amount of line 10 You Want: Credited to your 2022 Estimated Tax . . \$ _____
 Refunded \$ _____

DECLARATION OF ESTIMATED TAX FOR 2022

11 Total Income Subject to Tax \$ _____ x _____ %	11	\$ _____
12 Estimated Tax Withheld	12	\$ _____
13 Total Estimated Tax (Line 11 - Line 12)	13	\$ _____
14 Credit From Line 10	14	\$ _____
15 Net Estimated Tax Due (Line 13 - Line 14)	15	\$ _____
16 First Quarter 2022 Estimated Payment Due (1/4 of Line 15)	16	\$ _____
17 Total Due With This Return (Add Lines 9 and 16)	17	\$ 12

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE AND THAT THE FIGURES USED HEREIN ARE THE SAME AS FOR FEDERAL INCOME TAX PURPOSES. OHYB9901 09/27/16

SYAM PRIYA RAM SAGAR GUPTA TALLAM 04/15/2022
 SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER DATE SIGNATURE OF TAXPAYER OR AGENT DATE

GLOBAL TAXES LLC
 2530 PEBBLE CREEK LN
 CUMMING GA 30041
 ADDRESS OR NAME AND ADDRESS OF FIRM OR EMPLOYER SIGNATURE OF SPOUSE DATE

If this return was prepared by a tax practitioner, may we contact your practitioner directly with questions regarding the preparation of this return? YES NO